SEP 0 2 2005

Ø001/019

DOCKET NO. SC12888TH



FAX TRANSMITTAL SHEET

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Date:

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To:

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From:

Joanna G. Chiu - 43,629

Subject:

10/631,136 - William C. Moyer et al.

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MESSAGE: Enclosed herewith, please find a FORMAL AMENDMENT for filing in the below-identified application.

ALL ITT	MS MA	RKED WITH AN "X" ARE INCLUDED:
1.	X	1 page Facsimile Cover Sheet
2.	X	4 page Amendment
3.	×	1 page Petition for Extension of Time
4.	х	1 page Fee Transmittal (in duplicate)
5.	X	6 page Declarations by Inventors
6.	х	1 page Exhibit A
7	×	4 page Exhibit B
8.	Х	1 page Exhibit C

Paid by Deposit Account: 503079, Freescale Semiconductor, Inc. \$120

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		PATENT AND TRADEMARK	ØFFICE:		•
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				Can	nlote i	ł Known		
FEE	Annifornia Al	Complete if Known				·		
1		Application Number			10/631,136			
TRANSMITTAL	Filing Date							
Patent fees are subject to annual revision		First Named Inventor William C. Moyer et al.						
Applicant claims small entity status. See 37 CFR 1.2	Examiner Na	xaminer Name Duc T. Doan						
	Group Art Un	rt Unit 2188						
TOTAL AMOUNT OF PAYMENT (\$) 120	Attorney Doc	ket No.	SC1	2888TH				
METHOD OF PAYMENT (check all that a	pph)	1		FE	E CAL	CULATION (continued)		
Check Credit card Money Order O	3. ADDITIONAL FEES							
X Deposit Account:		Large Small Entity Entity						
Deposit Account Number 503079		Fee	Fee	Fea	Fee			
Doposit Account Name FREESCA SEMICONDUCT		Codo	(5)	Codo	(S)	Fee Description		
The Director is authorized to: (check all that apply)		1051	130	2051	65	Surcharge - late bling fee or oath		
X Charge fee(s) indicated below X Credit at	ny overpayments	1052	50 130	2052 1053	25 130	Surcharge - late Provisional Biling Non-English specification		
X Charge any additional fee(s) during the pendency of thi	s application	1812	2520	1912	2520	For filling a request for ex parte Reexamination		
Charge (ees(s) indicated below, except for the filing (above-identified deposit account.	ee to the	- 1804	920°	1804	920°	Requesting publication of SIRI prior to Examinar action		
·		1805	1840	1805	1840*	Requesting publication of SIR after Examinor action		
FEE CALCULATION		1251 1252	120 450	2251 2252	69 225	Extension for reply within first month	120	
		1253	1020	2253	510	Extension for reply within second month Driension for reply within third month		
1. BASIC FILING FEE		1254	1590	2254	795	Extension for reply within fourth month		
		1255	2160	2255	1080	Extension for reply within fifth month		
Large Entity Small Entity Fee Fee Fee Fee	•	1401 1402	500 500	2401 2402	250 250	Notice of Appeal Filing a brief in support of an appeal		
Code (5) Code (5) 1011 300 2011 150 Utility filing fee	Fee Paid 300	1403	1000	2403	500	Request for oral hearing Petition to institute a public use		
1111 500 2111 250 Utility sarch fee	500	1451	1510	1451	1510	proceeding		
1311 200 2311 100 VIIIily Exam fee 1002 300 2002 175 Design filing fee	200	1452 1453	110 1370	2452 2453	55 685	Petition to revive - unavoidable Petition to revive - unintentional		
1003 550 2003 275 Plant (illing fee		1501	1400	2501	700	Utility issue fee (or reissue)		
1004 790 2004 395 Refssue liling fee		1502	490	2502	245	Design issue tee		
1005 200 2005 100 Provisional filing fee		1509	660 130	2503 1460	330 130	Plant issue (se Politions to the Commissioner		
SUBTOTAL (1) (S)	000	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
2. EXTRA CLAIM FEES		1808	160	1606	160	Submission of IDS		
Previously Extra Fee Paid** Claims bel	from wFee_Paid	8021	40	8021	40	Recording each patent assignment per property (times number of propense)		
Total Claims - 20 = X 50 Independent Claims - 3 = X 200		1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))		
Multiple Dependent 38		1810	790	2810	3 95	For each additional invention to be examined (37 CFR § 1.129(b))		
Large Entity Small Entity Fee Fee Fee Fee		1801	790	2801	395	Request for Continued Examination (RCE)		
Code (\$) Code (\$) Fee Desc	iplion	1802	900	1802	900	Request for expedited examination		
1202 50 2202 25 Clalms in excess of 20 1201 200 2201 100 Independent claims in excess		Other ice	(specily)			of a design application		
1203 360 2203 180 Multiple dependent claim, if n: 1204 69 2204 44 * Reissue independent claims								
	or or original policiti							
1206 18 2205 9 Reissue claim s in excess of 20 and over orl	Inal palent							
SUBTOTAL (2) (5) "or number previously paid, if greater, For Reissues, see above.	SUBTOTAL (3) (S) 120 * Reduced by Basic Filling Fee Paid							
SUBMITTED BY					Complate (if applicable)		
Name (Printrype) Joanna G. Chiu	X	Registrat	ion No.	43,62	29		96-6839	
Signature Date 9205								
- Ignature	"					1/04/0		